

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/599689</div>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	1										
2		1									
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TOTAL IND.	1	↓		↓		↓					
TOTAL DEP.	7	←		←		←					
TOTAL CLAIMS	8										
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT						
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100											
TOTAL IND.		↓		↓		↓					
TOTAL DEP.		←		←		←					
TOTAL CLAIMS											

PTO - 1360 (REV. 11/04)

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